LANDLORD/HOME OWNER GAS SAFETY RECORD

INSPECTING INSTALLER

Trading Title

Name CORGI Reg. No.

Address

Post Code Tel:

I certify that I carried out inspections on the appliances detailed below. Signed: Date:

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

INSPECTION ADDRESS

Name

Address

Post Code Tel:

LANDLORD (OR AGENT) NAME AND ADDRESS

Name

Address

Post Tel:

APPLIANCE DETAILS / FLUE TESTS / INSPECTION DETAILS

	Location	Make	Model	Type	Flue Type OF/FF	Operating pressure in Mbar or Heat Input kW/h or Btu/h	Safety device Correct Operation Yes/No	Spillage Match Test Pass/Fail/NA	Smoke Pellet Flue Flow Test Pass/Fail NA	Satisfactory termination Yes/No/NA	Visual Condition Pass/Fail NA	Adequate Ventilation Yes/No/NA	Appliance safe to use Yes/No	Landlord's Appliance Yes/No/NA	Inspected Yes/No	Appliance Serviced Yes/No
1																
2																
3																
4																
5																

Gas Installation Pipework: Satisfactory Visual Inspection Yes ☐ No ☐ Emergency Control Accessible Yes ☐ No ☐ Satisfactory Soundness Test Yes ☐ No ☐

GIVE DETAILS OF ALL FAULTS AND RECTIFICATION WORK REQUIRED

		WARNING NOTICE ISSUED Yes/No	WARNING TAG OR STICKER FIXED Yes/No
1			
2			
3			
4			
5			

Number of appliances tested

NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued to Signed Print name: Date:

Received on behalf of the Landlord/ Home Owner Signed Tenant/Agent/Landlord/Home Owner Date:

Copies: White - Landlord/Agent/Home Owner Green - Installer Pink - Tenant

Form Ref. REG P45

SPECIMEN